

DONATION FORM

Please mail this form or drop off with your donation to:

Christine Nguyen Name of participant or team you are supporting		BC Cancer Foundation 686 W Broadway, Suite 150		
Participant ID number (for administrat		Attention to	o: Workout to Conq	uer Cancer
rarticipant io number (for administrat	ion purposes, not required)	You can al	so donate online a	at workouttoconquercancer.ca
		– 100 can ac	30 donate ontine t	ac Workouttoconquer currect.co
I. Please Print Clearly				
☐ Individual Donation ☐ Corporate	Donation			
Company name (for Corporate donation	s only)			
First Name	Last Name			
Mailing Address				
City		Province	Postal Code	
Phone Number (mandatory for credit car	rd payments) Email			
2. Select a Donation Amount	t and Payment Optior	1		
□ \$250 Stronger Together	□ \$50 Break a Sweat		\$30 Rest Day Pass	
□ \$100 Pushing Limits	□ \$25 Keep Moving		Freestyle \$	
Please make cheques payable to BC name in the memo line on all cheque		and include "W	orkout to Conquer	Cancer" as well as the participant
□Visa □ MasterCard	American Express	□ C	ash	
Card Number				Expiry (mm/yy)
Cardholder Name		Signature		
3. Personalize Your Donation	1			
How would you like your name to appea	r on the participant's honour r	oll?		
□ Yes you san display the smaller of	donation publish:			
Yes, you can display the amount of myPlease this donation anonymous.	ионацон ривнсту.			
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Personal Note: Mail donations to the address above. Each cheque must come with its own donation form. All donations will be credited in Canadian dollars. All donations over \$10 will receive a tax receipt in the mail. Donations are non-refundable and non-transferable.

Privacy Notice: The BC Cancer Foundation is committed to protecting your privacy. For more information about our privacy policy, go to www. bccancerfoundation.com or contact us at 1.888.906.2873 or bccfinfo@bccancer.bc.ca. Charitable Registration Number 11881 8434 RR0001